



1301 Kemper Street  
Post Office Box 797  
Lynchburg VA. 24505

Telephone: 434-847-5311  
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www.GLTCOnline.com

## APPLICATION

### HALF-FARE IDENTIFICATION CARDS FOR ELDERLY AND DISABLED PERSONS

SIDE 1 TO BE COMPLETED BY ALL APPLICANTS

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security NO: \_\_\_\_\_

I AM APPLYING FOR A GLTC HALF-FARE IDENTIFICATION CARD BECAUSE: (CHECK ONE)

\_\_\_\_\_ I am 65 years of age or older, (Please bring this form with Side 1 completed, along with positive proof of age (e.g. driver's license, birth certificate), to the GLTC Customer Service Center.

\_\_\_\_\_ I have a **Medicare Card**. (Please bring this form with Side 1 completed, along with your Medicare Card, to the GLTC Customer Service Center.

\_\_\_\_\_ I have a disability that makes me unable to use bus service as effectively as those persons who are not similarly disabled. (If you are applying for a Half-fare ID card under this category, you must have Side 2 of this Application completed and signed by a physician or a representative of an authorized agency.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE BRING THIS COMPLETED FORM TO: **Greater Lynchburg Transit Company  
Customer Service Center  
825 Kemper St.  
Lynchburg VA 24501**

You must present this form in person so that your picture can be taken for an Identification Card. A processing fee of \$3.00 will be charged for this card.

FOR OFFICE USE ONLY

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

BY: \_\_\_\_\_ Date \_\_\_\_\_ Card No: \_\_\_\_\_

Side 2 – TO BE COMPLETED FOR APPLICANTS WHO HAVE A DISABILITY  
BY A PHYSICIAN OR AGENCY

I CERTIFY THAT THE INDIVIDUAL IDENTIFIED ON THE FRONT OF THIS APPLICATION  
QUALIFIES FOR A GLTC REDUCED FARE IDENTIFICATION CARD BECAUSE: (Please check as many  
reasons as applicable).

- \_\_\_\_(1) The person cannot board or leave a transit bus with reasonable speed and/or without aid from another person.
- \_\_\_\_(2) The person cannot stand without major support in a moving vehicle under normal acceleration and deceleration.
- \_\_\_\_(3) The person has uncorrectable vision impairment which makes difficult or impossible to read bus information or bus stop signs.
- \_\_\_\_(4) The person has uncorrectable hearing impairment which makes difficult or impossible to hear verbal announcements or bus information through either direct personal or electronic communication.
- \_\_\_\_(5) The person needs (for valid medical reasons) the aid of a cane, crutches or other mechanical devices to assist him or her in moving about.
- \_\_\_\_(6) Due to physical or mental conditions, the person cannot use the bus without the help of another person or special training.

THE PERSON'S DISABILITY CAN GENERALLY BE DESCRIBED AS:

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\_\_\_\_\_ The Disability is permanent.

\_\_\_\_\_ The Disability is temporary and will last until: \_\_\_\_\_

Due to the disability indicated above I hereby certify that the applicant named on the other side of this application has a disability which limits their ability to use the services of GLTC, and to the best of my knowledge the above information is true and correct.

Authorized Signature \_\_\_\_\_

Name of Physician or Agency \_\_\_\_\_ (please print)

Agency Contact Person \_\_\_\_\_ (please print)

Address \_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

IF MAILING THIS FORM PLEASE USE: GLTC, PO BOX 797, LYNCHBURG VA 24505-0797